

### **Amendments to the claims:**

This listing of claims will replace all prior versions, and listings, or claims in the application:

#### **Listing of Claims**

1. (Currently Amended): A method for treatment of a patient suffering from major depressive disorder, the said method comprising administering to said patient at a time selected from the group consisting of, as an initial treatment, as soon as possible and upon presentation of said patient to a physician or other health care provider an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of serotonin reuptake inhibitors, selective norepinephrine reuptake inhibitors, combined action SSRI/SNRI, serotonin-2 antagonist/reuptake inhibitors, an antidepressant with alpha-2 antagonism plus serotonin-2 and serotonin-3 antagonism, an antidepressant with serotonin/norepinephrine/dopamine reuptake inhibition, an antidepressant with norepinephrine and dopamine reuptake inhibition, 5-HT-1alpha antagonist, 5-HT-1beta antagonist, 5-HT1A receptor agonists, 5-HT1A receptor agonists and antagonists, 5-HT2 receptor antagonists, viloxazine hydrochloride, dehydroepiandrosterone, NMDA receptor antagonists, AMPA receptor potentiators, substance P antagonists/ neurokinin-1 receptor antagonists, nonpeptide Substance P antagonist, neurokinin 2 antagonists, neurokinin 3 antagonists, corticotropin-releasing factor receptor antagonists, antiglucocorticoid medications, glucocorticoid receptor antagonists, cortisol blocking agents, nitric oxide synthase inhibitors, inhibitors of phosphodiesterase, enkephalinase inhibitors, GABA-A receptor agonists, free radical trapping agents, atypical MAOI's, selective MAOI inhibitors, hormones, folinic acid, leucovorin, tramadol, and tryptophan in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of a typical antipsychotic drug, an atypical antipsychotic drug, and a dopamine system stabilizer, and wherein said major depressive disorder categorized as non-treatment resistant and non-psychotic.

2. (Currently Amended): A method for treatment of a patient suffering from unipolar depression, the said method comprising administering to said patient at a time selected from the group consisting of, as an initial treatment, as soon as possible and upon presentation of said patient to a physician or other health care provider an effective amount of an antidepressant,

wherein said antidepressant is selected from the group consisting of serotonin reuptake inhibitors, selective norepinephrine reuptake inhibitors, combined action SSRI/SNRI, serotonin-2 antagonist/reuptake inhibitors, an antidepressant with alpha-2 antagonism plus serotonin-2 and serotonin-3 antagonism, an antidepressant with serotonin/norepinephrine/dopamine reuptake inhibition, an antidepressant with norepinephrine and dopamine reuptake inhibition, 5-HT-1alpha antagonist, 5-HT-1beta antagonist, 5-HT1A receptor agonists, 5-HT1A receptor antagonists, 5-HT2 receptor antagonists, viloxazine hydrochloride, dehydroepiandrosterone, NMDA receptor antagonists, AMPA receptor potentiators, substance P antagonists/ neurokinin-1 receptor antagonists, nonpeptide Substance P antagonist, neurokinin 2 antagonists, neurokinin 3 antagonists, corticotropin-releasing factor receptor antagonists, antiglucocorticoid medications, glucocorticoid receptor antagonists, cortisol blocking agents, nitric oxide synthase inhibitors, inhibitors of phosphodiesterase, enkephalinase inhibitors, GABA-A receptor agonists, free radical trapping agents, atypical MAOI's, selective MAOI inhibitors, hormones, folinic acid, leucovorin, tramadol, and tryptophan in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of a typical antipsychotic drug, an atypical antipsychotic drug, and a dopamine system stabilizer, and wherein said unipolar depression categorized as non-treatment resistant and non-psychotic.

3. (Currently Amended): A method for treatment of a non-psychotic patient ~~selected from the group consisting of (a) a patient having cognitive distortions with functional impairment or health hazards, wherein said patient is suffering from major depressive disorder, wherein said major depressive disorder categorized as non treatment resistant and non psychotic, wherein the said method comprising administering to said patient as an initial treatment or as soon as possible, or upon presentation to a physician or a health care provider, or and (b) of a patient undergoing smoking cessation or nicotine withdrawal, the method comprising wherein in either case (a) or (b) the method includes administering to said non psychotic patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of~~ serotonin reuptake inhibitors, selective norepinephrine reuptake inhibitors, combined action SSRI/SNRI, serotonin-2 antagonist/reuptake inhibitors, an antidepressant with alpha-2 antagonism plus serotonin-2 and serotonin-3 antagonism, an antidepressant with serotonin/norepinephrine/dopamine reuptake inhibition, an antidepressant with norepinephrine

and dopamine reuptake inhibition, 5-HT-1alpha antagonist, 5-HT-1beta antagonist, 5-HT1A receptor agonists, 5-HT1A receptor agonists and antagonists, 5-HT2 receptor antagonists, viloxazine hydrochloride, dehydroepiandrosterone, NMDA receptor antagonists, AMPA receptor potentiators, substance P antagonists/ neurokinin-1 receptor antagonists, nonpeptide Substance P antagonist, neurokinin 2 antagonists, neurokinin 3 antagonists, corticotropin-releasing factor receptor antagonists, antiglucocorticoid medications, glucocorticoid receptor antagonists, cortisol blocking agents, nitric oxide synthase inhibitors, inhibitors of phosphodiesterase, enkephalinase inhibitors, GABA-A receptor agonists, free radical trapping agents, atypical MAOI's, selective MAOI inhibitors, hormones, folic acid, leucovorin, tramadol, and tryptophan in combination with an antipsychotic drug, and wherein said antipsychotic drug is selected from the group consisting of a typical antipsychotic drug, an atypical antipsychotic drug, and a dopamine system stabilizer, and wherein said typical antipsychotic drug is administered at a low dose.

4. (Original): The method of Claims 1, 2, or 3, wherein said antipsychotic drug is an atypical antipsychotic.

5. (Original): The method of Claim 4 wherein said atypical antipsychotic drug is selected from the group consisting of quetiapine, risperidone, ziprasidone, and pharmaceutically acceptable salts thereof.

6. (Previously presented): The method of Claim 4 wherein said atypical antipsychotic drug is selected from the group consisting of olanzapine, iloperidone, ~~Org 5222~~, melperone, amperozide, ~~SM 9018, JL 13~~, and pharmaceutically acceptable salts thereof.

7. (Original): The method of Claims 1, 2, or 3, wherein said antipsychotic drug is a dopamine system stabilizer.

8. (Original): The method of Claim 7, wherein said dopamine system stabilizer is aripiprazole, or pharmaceutically acceptable salts thereof.

9. (Previously presented): The method of Claims 1, 2, or 3, wherein said antipsychotic drug is selected from the group consisting of perphenazine, trifluoperazine, zotepine, flupenthixol, amisulpride, and sulpiride, and wherein said an antipsychotic is administered at a low dose.

10. (Previously presented): The method of Claims ~~9~~, 1, 2, or 3, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, and wherein said atypical antipsychotic drug is selected from the group consisting of ~~perphenazine, trifluoperazine, zotepine, flupenthixol, amisulpride, and sulpiride.~~ risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole.

11. (Original): The method of Claims 1, 2, or 3, wherein said antidepressant is selected from the group consisting of serotonin reuptake inhibitors, a selective norepinephrine reuptake inhibitors, combined action SSRI/SNRI, serotonin-2 antagonist/reuptake inhibitors, an antidepressant with alpha-2 antagonism plus serotonin-2 and serotonin-3 antagonism, an antidepressant with serotonin/norepinephrine/dopamine reuptake inhibition and an antidepressant with norepinephrine and dopamine reuptake inhibition.

12. (Previously presented): The method of Claims 1, 2, or 3, wherein said antidepressant is selected from the group consisting of 5-HT-1alpha antagonist, 5-HT-1beta antagonist, 5-HT1A receptor agonists, 5-HT1A receptor agonists and antagonists, 5-HT2 receptor antagonists, viloxazine hydrochloride, dehydroepiandrosterone, NMDA receptor antagonists, AMPA receptor potentiators, substance P antagonists/ neurokinin-1 receptor antagonists, nonpeptide Substance P antagonist, neurokinin 2 antagonists, neurokinin 3 antagonists, corticotropin-releasing factor receptor antagonists, antiglucocorticoid medications, glucocorticoid receptor antagonists, cortisol blocking agents, nitric oxide synthesise inhibitors, inhibitors of phosphodiesterase, enkephalinase inhibitors, GABA-A receptor agonists, free radical trapping agents, atypical MAOI's, selective MAOI inhibitors, hormones, folinic acid, leucovorin, tramadol, and tryptophan.

13. (Original): The method of Claims 1, 2, or 3, wherein said antidepressant is a selective serotonin reuptake inhibitor.

14. (Previously presented): The method of Claim 11, wherein ~~the~~ said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof.

15. (Previously presented): The method of Claim 11, wherein ~~the~~ said antidepressant is clomipramine.

16. (Previously presented): The method of Claims ~~1, 2, or 3,~~ 10, wherein said antidepressant is fluoxetine and said antipsychotic is risperidone.

17. (Previously presented): The method of Claims ~~1, 2, or 3,~~ 10, wherein said antidepressant is fluoxetine and said antipsychotic is quetiapine.

18. (Previously presented): The method of Claims ~~1, 2, or 3,~~ 10, wherein said antidepressant is fluoxetine and said antipsychotic is olanzapine.

19. (Previously presented): The method of Claims ~~1, 2, or 3,~~ 10, wherein said antidepressant is fluoxetine and said antipsychotic is aripiprazole.

20. (Previously presented): The method of Claims ~~1, 2, or 3,~~ 10, wherein said antidepressant is paroxetine and said antipsychotic is risperidone.

21. (Previously presented): The method of Claims ~~1, 2, or 3,~~ 10, wherein said antidepressant is paroxetine and said antipsychotic is quetiapine.

22. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is paroxetine and said antipsychotic is olanzapine.

23. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is paroxetine and said antipsychotic is aripiprazole.

24. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is sertraline and said antipsychotic is risperidone.

25. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is sertraline and said antipsychotic is quetiapine.

26. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is sertraline and said antipsychotic is olanzapine.

27. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is sertraline and said antipsychotic is aripiprazole.

28. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is fluvoxamine and said antipsychotic is risperidone.

29. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is fluvoxamine and said antipsychotic is quetiapine.

30. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is fluvoxamine and said antipsychotic is olanzapine.

31. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is fluvoxamine and said antipsychotic is aripiprazole.

32. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is fluoxetine and said antipsychotic is ziprasidone.

33. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is paroxetine and said antipsychotic is ziprasidone.

34. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is sertraline and said antipsychotic is ziprasidone.

35. (Previously presented): The method of Claims ~~1, 2, or 3~~, 10, wherein said antidepressant is fluvoxamine and said antipsychotic is ziprasidone.

36. (Currently amended): The method of Claims ~~1, 2, or 3~~, 10, wherein ~~the~~ said antipsychotic is selected from the group consisting of risperidone, quetiapine, olanzapine, ziprasidone and aripiprazole, and the effective amount per day is from 0.5mg to 4mg for risperidone, from 25mg to 400mg for quetiapine, from 2.5mg to 10mg for olanzapine, from 10mg to 40 mg for ziprasidone, and 2.5mg to 15 mg for aripiprazole.

37. (Previously presented): The method of Claims 1, 2, or 3, wherein an effective amount of ~~the~~ said antidepressant is its recommended therapeutic dose, or its effective starting dose.

38. (Original): The method of Claims 1, 2, or 3, wherein the administration is oral.

39. (Cancelled)

40. (Cancelled)

41. (Previously presented): The method of Claims 1 or 2, wherein said treatment is given for ~~preventing~~ resisting suicide.

42. (Previously presented): The method of Claims ~~1 or 2~~, wherein said treatment is ~~given~~ effected for at least one of the group consisting of ~~preventing disease progression, modifying the course of depression, delaying/preventing relapse, preventing the recurrence of depression, protecting against~~ inhibiting the development of tolerance toward the said antidepressant, or remedying the development of tolerance toward ~~the~~ said antidepressant, ~~to provide~~ providing a neuroprotective effect, ~~to avoid~~ avoiding a paradoxical effect of said antidepressant ~~to sensitize~~ sensitizing said patients to said depression, to avoid avoiding worsening of said depression from the said antidepressant, ~~or treat~~ treating worsening of said depression from ~~the said~~ antidepressant, ~~to treat and~~ treating residual symptoms of said depression, ~~or for preventing the development of delusional/psychotic depression.~~

43. (Previously presented): The method of Claims ~~1, or 2 or 3~~, wherein said treatment is given at a time selected from the group consisting of, as initial treatment or as soon as possible, or upon presentation to a physician or a health care provider for ~~preventing~~ resisting suicide.

44. (Cancelled)

45. (Cancelled)

46. (Cancelled)

47. (Cancelled)

48. (Previously presented): The method of ~~Claims 16 to 35~~ Claim 1, wherein said treatment is ~~given~~ effected for at least one of the group consisting of ~~preventing disease progression, modifying the course of depression, delaying/preventing relapse, preventing the recurrence of depression, protecting against~~ inhibiting the development of tolerance toward the said antidepressant, or remedying the development of tolerance toward ~~the~~ said antidepressant, ~~to provide~~ providing a neuroprotective effect, ~~to avoid~~ avoiding a paradoxical effect of ~~the~~ said antidepressant ~~to sensitize~~ sensitizing said patients to said depression, to avoid avoiding worsening of said depression from the said antidepressant, ~~or treat~~ treating worsening of said



depression from ~~the~~ said antidepressant, ~~to treat~~ and treating residual symptoms of said depression, ~~or for preventing the development of delusional/psychotic depression.~~

49. (Previously presented): The method of Claim 3, wherein said treatment is given ~~for cognitive distortion(s) distortions, when the cognitive distortion(s) distortions lead to functional impairment, or a serious health hazard~~ as an initial treatment, for a patient suffering from major depressive disorder, and for resisting suicide, and wherein said major depressive disorder categorized as non-treatment resistant and non-psychotic.

50. (Original): The method of Claim 3, wherein treatment is given for smoking cessation or nicotine withdrawal.

51. (Previously presented): The method of Claim 13, wherein ~~the~~ said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, ~~bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine,~~ zimelidine, indalpine, ~~gepirone,~~ femoxetine, alaproclate and pharmaceutically acceptable salts thereof, and wherein said atypical antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole.

52. (Previously presented): The method of Claim 13, wherein ~~the~~ said antidepressant is clomipramine, and wherein said atypical antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole.

53. (Previously presented): The method of Claim 2, wherein said treatment is ~~given~~ effected for at least one of the group consisting of ~~preventing inhibiting disease progression, modifying the course of depression, delaying/preventing relapse, preventing the recurrence of depression, protecting against inhibiting the development of tolerance toward the antidepressant, or remedying the development of tolerance toward the antidepressant, to provide~~ providing a neuroprotective effect, to avoid avoiding a paradoxical effect of said antidepressant ~~to sensitize~~

sensitizing said patients to said depression, to avoid inhibiting worsening of said depression from the said antidepressant, and or treat treating worsening of said depression from the said antidepressant, to treat and treating residual symptoms of depression, or for preventing the development of delusional/psychotic depression.

54. (Currently amended): The method of Claim 3, 49, wherein said treatment is given effected for at least one of the group consisting of preventing inhibiting disease progression, modifying the course of said depression major depressive disorder, delaying/preventing relapse, preventing the recurrence of depression, protecting against inhibiting the development of tolerance toward the said antidepressant, or remedying the development of tolerance toward the said antidepressant, to provide providing a neuroprotective effect, to avoid avoiding a paradoxical effect of said antidepressant to sensitize sensitizing said patients to said depression major depressive disorder, to avoid avoiding worsening of said depression major depressive disorder, from the said antidepressant, or treat treating worsening of said depression major depressive disorder from the said antidepressant, treat and treating residual symptoms of said depression major depressive disorder, or for preventing the development of delusional/psychotic depression.

55. (Previously presented): The method of Claim 1 including wherein said treatment is effected for treating substantially all of said patients treated by said physician or other health care provider by said method, wherein said antipsychotic drug is administered at a low dose, and said treatment is given for resisting suicide.

56. (Previously presented): The method of Claim 1 including treating a plurality of said patients by said method, wherein said antipsychotic drug is administered at a low dose, and said treatment is given for resisting suicide.

57. (Currently amended): The method of Claim 2 including wherein said treatment is effected for treating substantially all of said patients treated by said physician or other health care provider by said method, and wherein said antipsychotic drug is administered at a low dose, and said treatment is given for resisting suicide.

58. (Previously presented): The method of Claim 2 including treating a plurality of said patients by said method, wherein said antipsychotic drug is administered at a low dose, and said treatment is given for resisting suicide.

59. (Previously presented): The method of Claims 1, 2, wherein said treatment is given for resisting suicide, and wherein said treatment is given for the benefit of the group of said patients being treated by said physician or health care provider.

60. (Previously presented): The method of Claims 55, 56, 57, or 58 wherein said treatment is given for the benefit of the group of said patients being treated by said physician or health care provider.

61. (Previously presented): The method of Claim 3, wherein said treatment is given for resisting suicide.

62. (Previously presented): The method of Claim 3, wherein said treatment is given for resisting suicide, and wherein said treatment is given for the benefit of the group.

63. (Previously presented): The method of Claims 55, 57 or 61, wherein said antipsychotic drug is an atypical antipsychotic.

64. (Previously presented): The method of Claims 55, 57 or 61, wherein said atypical antipsychotic drug is selected from the group consisting of quetiapine, risperidone, ziprasidone, and pharmaceutically acceptable salts thereof.

65. (Previously presented): The method of Claims 1, 2, 55, 57 or 61, wherein ~~the~~ said antipsychotic is the active metabolite of risperidone.

66. (Previously presented): The method of Claims 55, 57 or 61, wherein said atypical antipsychotic drug is selected from the group consisting of olanzapine, iloperidone, melperone, amperozide, and pharmaceutically acceptable salts thereof.

67. (Previously presented): The method of Claims 55, 57 or 61, wherein said antipsychotic drug is a dopamine system stabilizer.

68. (Previously presented): The method of 55, 57 or 61, wherein said dopamine system stabilizer is aripiprazole, or pharmaceutically acceptable salts thereof.

69. (Previously presented): The method of 55, 57 or 61, wherein said antipsychotic drug is selected from the group consisting of perphenazine, trifluoperazine, zotepine, flupenthixol, amisulpride, and sulpiride.

70. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is selected from the group consisting of serotonin reuptake inhibitors, a selective norepinephrine reuptake inhibitors, combined action SSRI/SNRI, serotonin-2 antagonist/reuptake inhibitors, an antidepressant with alpha-2 antagonism plus serotonin-2 and serotonin-3 antagonism, an antidepressant with serotonin/norepinephrine/dopamine reuptake inhibition and an antidepressant with norepinephrine and dopamine reuptake inhibition.

71. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is selected from the group consisting of 5-HT-1alpha antagonist, 5-HT-1beta antagonist, 5-HT1A receptor agonists, 5-HT1A receptor agonists and antagonists, 5-HT2 receptor antagonists, ~~viloxazine hydrochloride~~, dehydroepiandrosterone, NMDA receptor antagonists, AMPA receptor potentiators, substance P antagonists/ neurokinin-1 receptor antagonists, nonpeptide Substance P antagonist, neurokinin 2 antagonists, neurokinin 3 antagonists, corticotropin-releasing factor receptor antagonists, antiglucocorticoid medications, glucocorticoid receptor antagonists, cortisol blocking agents, nitric oxide synthesise inhibitors, inhibitors of phosphodiesterase, enkephalinase inhibitors, GABA-A receptor agonists, ~~free radical trapping agents~~, atypical

MAOI's, selective MAOI inhibitors, hormones, folinic acid, leucovorin, tramadol, and tryptophan.

72. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is a selective serotonin reuptake inhibitor.

73. (Previously presented): The method of 55, 57 or 61, wherein ~~the~~ said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof.

74. (Previously presented): The method of 55, 57 or 61, wherein ~~the~~ said antidepressant is clomipramine.

75. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluoxetine and said antipsychotic is risperidone.

76. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluoxetine and said antipsychotic is quetiapine.

77. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluoxetine and said antipsychotic is olanzapine.

78. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluoxetine and said antipsychotic is aripiprazole.

79. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is paroxetine and said antipsychotic is risperidone.

80. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is paroxetine and said antipsychotic is quetiapine.

81. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is paroxetine and said antipsychotic is olanzapine.

82. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is paroxetine and said antipsychotic is aripiprazole.

83. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is sertraline and said antipsychotic is risperidone.

84. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is sertraline and said antipsychotic is quetiapine.

85. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is sertraline and said antipsychotic is olanzapine.

86. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is sertraline and said antipsychotic is aripiprazole.

87. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluvoxamine and said antipsychotic is risperidone.

88. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluvoxamine and said antipsychotic is quetiapine.

89. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluvoxamine and said antipsychotic is olanzapine.

90. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluvoxamine and said antipsychotic is aripiprazole.

91. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluoxetine and said antipsychotic is ziprasidone.

92. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is paroxetine and said antipsychotic is ziprasidone.

93. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is sertraline and said antipsychotic is ziprasidone.

94. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is fluvoxamine and said antipsychotic is ziprasidone.

95. (Currently amended): The method of Claims 55, 57 or 61, wherein ~~the~~ said antipsychotic is selected from the group consisting of risperidone, quetiapine, olanzapine, ziprasidone and aripiprazole, and the effective amount per day is from 0.5mg to 4mg for risperidone, from 25mg to 400mg for quetiapine, from 2.5mg to 10mg for olanzapine, from 10mg to 40 mg for ziprasidone, and 2.5mg to 15 mg for aripiprazole.

96. (Previously presented): The method of Claims 55, 57 or 61, wherein an effective amount of ~~the~~ said antidepressant is its recommended therapeutic dose, or its effective starting dose.

97. (Previously presented): The method of Claims 55, 57 or 61, wherein the administration is oral.

98. (Previously presented): The method of Claims 55, 57 or 61, wherein said treatment is effected for at least one of the group consisting of delaying relapse; ~~preventing~~ resisting relapse; and ~~preventing~~ resisting the recurrence of said depression.

99. (Previously presented): The method of Claims 55, 57 or 61, wherein said treatment is effected for at least one of the group consisting of protecting against the development of tolerance toward the antidepressant; and remedying the development of tolerance toward ~~the~~ said antidepressant.

100. (Previously presented): The method of Claims ~~1, 2,~~ 55, 57 ~~or 61,~~ wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of ~~the~~ said antidepressant ~~to-sensitizing~~ said patients to said depression; treating a paradoxical effect of said antidepressant ~~to-sensitizing~~ said patients to said depression; for avoiding worsening of said depression from ~~the~~ said antidepressant; and treating worsening of said depression from ~~the~~ said antidepressant.

101. (Previously presented): The method of Claims ~~1, 2,~~ 55, 57 or 61, wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of said antidepressant sensitizing said patients to said depression and causing suicide; avoiding a paradoxical effect of said antidepressant sensitizing said patients to said depression and causing suicidal ideation; treating a paradoxical effect of said antidepressant sensitizing said patients to said depression and causing suicide; treating a paradoxical effect of said antidepressant sensitizing said patients to said depression and causing suicidal ideation; avoiding worsening of said depression from ~~the~~ said antidepressant and causing suicide; avoiding worsening of said depression from ~~the~~ said antidepressant and causing suicidal ideation; treating worsening of said depression from ~~the~~ said antidepressant and causing suicide; and treating worsening of said depression from ~~the~~ said antidepressant and causing suicidal ideation.

102. (Previously presented): The method of Claims 55, 57 or 61, wherein said treatment is given for providing a neuroprotective effect.

103. (Previously presented): The method of Claims 55, 57 or 61, wherein said treatment is given for treating residual symptoms of said depression.



104. (Previously presented): The method of Claims 55, 57 or 61, wherein ~~the~~ said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof.

105. (Previously presented): The method of Claims 55, 57 or 61, wherein ~~the~~ said antidepressant is clomipramine.

106. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is ketamine.

107. (Previously presented): The method of Claims 55, 57 or 61, wherein said antidepressant is ketamine, and wherein ~~the~~ said antipsychotic are selected from the group consisting of perphenazine, trifluoperazine, zotepine, flupenthixol, amisulpride, and sulpiride.

108. (Currently amended): The method of Claims 55, 57 or 61, wherein said antidepressant is ketamine, and wherein ~~the~~ said antipsychotic are selected from the group consisting of risperidone, quetiapine, olanzapine, ziprazidone, and aripiprazole, and the effective amount per day is from 0.5mg to 4 mg for risperidone, from 25mg to 400 mg for quetiapine, from 2.5mg to 10 mg for olanzapine, from 10-40mg for ziprazidone, and 2.5mg to 15mg for aripiprazole.

109. (Previously presented): A method for treatment of a patient suffering from major depressive disorder, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said major depressive disorder categorized as non-treatment resistant and non-psychotic, and

wherein said treatment is effected for at least one of the group consisting of delaying relapse; ~~preventing~~ resisting relapse; and ~~preventing~~ resisting the recurrence of said depression.

110. (Previously presented): A method for treatment of a patient suffering from unipolar depression, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said unipolar depression categorized as non-treatment resistant and non-psychotic; and wherein said treatment is effected for at least one of the group consisting of delaying relapse; ~~preventing~~ resisting relapse; and ~~preventing~~ resisting the recurrence of said depression.

111. (Previously presented): A method for treatment of a patient suffering from major depressive disorder, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said major depressive disorder categorized as non-treatment resistant and non-psychotic, and wherein said treatment is effected for at least one of the group consisting of protecting against development of tolerance toward ~~the~~ said antidepressant; and remedying the development of tolerance toward ~~the~~ said antidepressant.

112. (Previously presented): A method for treatment of a patient suffering from unipolar depression, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine,

norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said unipolar depression categorized as non-treatment resistant and non-psychotic; and wherein said treatment is effected for at least one of the group consisting of protecting against development of tolerance toward ~~the~~ said antidepressant; and remedying the development of tolerance toward ~~the~~ said antidepressant.

113. (Previously presented): A method for treatment of a patient suffering from major depressive disorder, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said major depressive disorder categorized as non-treatment resistant and non-psychotic, and wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of said antidepressant ~~to~~-sensitizing said patients to said depression; treating a paradoxical effect of said antidepressant ~~to~~-sensitizing said patients to said depression; for avoiding worsening of said depression from ~~the~~ said antidepressant; and treating worsening of said depression from ~~the~~ said antidepressant.

114. (Previously presented): A method for treatment of a patient suffering from unipolar depression, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting

of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said unipolar depression categorized as non-treatment resistant and non-psychotic; and wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of said antidepressant ~~to~~ sensitizing said patients to said depression; treating a paradoxical effect of said antidepressant ~~to~~ sensitizing said patients to said depression; for avoiding worsening of said depression from ~~the~~ said antidepressant; and treating worsening of said depression from ~~the~~ said antidepressant.

115. (Previously presented): a method for treatment of a patient suffering from major depressive disorder, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said major depressive disorder categorized as non-treatment resistant and non-psychotic, and wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of said antidepressant ~~to~~ sensitizing said patients to said depression and causing suicide; avoiding a paradoxical effect of said antidepressant ~~to~~ sensitizing said patients to said depression and causing suicidal ideation; treating a paradoxical effect of said antidepressant ~~to~~ sensitizing said patients to said depression and causing suicide; treating a paradoxical effect of said antidepressant ~~to~~ sensitizing said patients to said depression and causing suicidal ideation; avoiding worsening of said depression from ~~the~~ said antidepressant and causing suicide; avoiding worsening of said depression from ~~the~~ said antidepressant and causing suicidal ideation; treating worsening of said depression from ~~the~~ said antidepressant and causing suicide; and treating worsening of said depression from ~~the~~ said antidepressant and causing suicidal ideation.

116. (Previously presented): A method for treatment of a patient suffering from unipolar depression, ~~the~~ said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion,

nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said unipolar depression categorized as non-treatment resistant and non-psychotic; and wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of said antidepressant to sensitize said patients to said depression and causing suicide; avoiding a paradoxical effect of said antidepressant to sensitize said patients to said depression and causing suicidal ideation; treating a paradoxical effect of said antidepressant to sensitize said patients to said depression and causing suicide; treating a paradoxical effect of said antidepressant to sensitize said patients to said depression and causing suicidal ideation; avoiding worsening of said depression from the said antidepressant and causing suicide; avoiding worsening of said depression from the said antidepressant and causing suicidal ideation; treating worsening of said depression from the said antidepressant and causing suicide; and treating worsening of said depression from the said antidepressant and causing suicidal ideation.

117. (Previously presented): A method for treatment of a patient suffering from major depressive disorder, the said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said major depressive disorder categorized as non-treatment resistant and non-psychotic, and wherein said treatment is given for treating residual symptoms of said depression.

118. (Previously presented): A method for treatment of a patient suffering from unipolar depression, the said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion,

nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, said unipolar depression categorized as non-treatment resistant and non-psychotic; and wherein said treatment is given for treating residual symptoms of depression.

119. (Previously presented): A method for treatment of a patient suffering from unipolar depression, said method comprising administering to said patient an effective amount of an antipsychotic drug wherein said antipsychotic drug is selected from the group consisting of an atypical antipsychotic drug, and a dopamine system stabilizer, wherein said treatment is effected for resisting suicide, and wherein said unipolar depression categorized as non-treatment resistant and non-psychotic.

120. (Previously presented): The method of Claim 119, wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of antidepressant sensitizing patients to depression; treating a paradoxical effect of antidepressant sensitizing patients to depression; for avoiding worsening of depression from the antidepressant; and treating worsening of depression from the antidepressant.

121. (Previously presented): The method of Claim 119, wherein said treatment is effected at a time selected from the group consisting of, as an initial treatment, as soon as possible and upon presentation of said patient to a physician or other health care provider, and wherein said atypical antipsychotic drug or said dopamine system stabilizer is administered at a low dose.

122. (Currently amended): The method of Claims 119, 120, 121, wherein said atypical antipsychotic or said dopamine system stabilizer is selected from the group consisting of risperidone, olanzapine, ziprasidone and aripiprazole, and the effective amount per day is from 0.5mg to 4mg for risperidone, from 2.5mg to 10mg for olanzapine, from 10mg to 40 mg for ziprasidone, and 2.5mg to 15 mg for aripiprazole.

123. (Currently amended): The method of Claims 119, 120, 121, wherein said atypical antipsychotic is quetiapene, and the effective amount per day is from 25mg to 400mg.

124. (Previously presented): The method of Claim 10, wherein said treatment is selected as the first choice of treatment, and said treatment is effected for resisting suicide.

125. (Previously presented): The method of Claim 49, wherein said antidepressant is selected from the group consisting of fluoxetine, norfluoxetine, paroxetine, sertraline, fluvoxamine, citalopram, escitalopram, bupropion, nefazodone, mirtazapine, venlafaxine, duloxetine, milnacipran, reboxetine, zimelidine, indalpine, gepirone, femoxetine, alaproclate and pharmaceutically acceptable salts thereof, and wherein said atypical antipsychotic drug is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole.

126. (Previously presented): A method for treatment of a patient having cognitive distortions with functional impairment or health hazards, wherein said patient is suffering from major depressive disorder, wherein said major depressive disorder categorized as non-treatment resistant and non-psychotic, wherein said method comprising administering to said patient an effective amount of an antidepressant, wherein said antidepressant is selected from the group consisting of serotonin reuptake inhibitors, a selective norepinephrine reuptake inhibitors, combined action SSRI/SNRI, serotonin-2 antagonist/reuptake inhibitors, an antidepressant with alpha-2 antagonism plus serotonin-2 and serotonin-3 antagonism, an antidepressant with serotonin/norepinephrine/dopamine reuptake inhibition, an antidepressant with norepinephrine and dopamine reuptake inhibition, 5-HT-1alpha antagonist, 5-HT-1beta antagonist, 5-HT1A receptor agonists, 5-HT1A receptor agonists and antagonists, 5-HT2 receptor antagonists, viloxazine hydrochloride, dehydroepiandrosterone, NMDA receptor antagonists, AMPA receptor potentiators, substance P antagonists/ neurokinin-1 receptor antagonists, nonpeptide Substance P antagonist, neurokinin 2 antagonists, neurokinin 3 antagonists, corticotropin-releasing factor receptor antagonists, antigluocorticoid medications, glucocorticoid receptor antagonists, cortisol

blocking agents, nitric oxide synthesise inhibitors, inhibitors of phosphodiesterase, enkephalinase inhibitors, GABA-A receptor agonists, free radical trapping agents, atypical MAOI's, selective MAOI inhibitors, hormones, folinic acid, leucovorin, tramadol, and tryptophan in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of a typical antipsychotic drug, an atypical antipsychotic drug, and a dopamine system stabilizer.

127 (Previously presented): A method for treatment of a patient having cognitive distortions with functional impairment or health hazards, wherein said patient is suffering from major depressive disorder, wherein said major depressive disorder categorized as non-treatment resistant and non-psychotic, wherein the method comprising administering to said patient an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of an atypical antipsychotic drug, and a dopamine system stabilizer and wherein said treatment is effected for resisting suicide.

128 (Previously presented): The method of Claim 127, wherein said treatment is effected for at least one of the group consisting of avoiding a paradoxical effect of antidepressant sensitizing patients to depression; treating a paradoxical effect of antidepressant sensitizing patients to depression; for avoiding worsening of depression from the antidepressant; and treating worsening of depression from the antidepressant.

129. (Previously presented): The method of Claim 127, wherein said treatment is effected at a time selected from the group consisting of, as an initial treatment, as soon as possible and upon presentation of said patient to a physician or other health care provider, and wherein said atypical antipsychotic drug or said dopamine system stabilizer is administered at a low dose.

130. (Currently amended): The method of Claims 126, 127, 128, 130, wherein said atypical antipsychotic or said dopamine system stabilizer is selected from the group consisting of risperidone, quetiapene, olanzapine, ziprasidone and aripiprazole, and the effective amount per day is from 0.5mg to 4mg for risperidone, from 25mg to 400mg for quetiapine, from 2.5mg to 10mg for olanzapine, from 10mg to 40 mg for ziprasidone, and 2.5mg to 15 mg for aripiprazole.



131. (New): A method for treatment of a patient suffering from major depressive disorder, the said method comprising administering to said patient at a time selected from the group consisting of, as an initial treatment, as soon as possible and upon presentation of said patient to a physician or other health care provider an effective amount of an antidepressant, wherein said antidepressant is an antidepressant excluding tricyclic antidepressants, tetracyclic antidepressants and permanent inhibitors of monoamine oxidase and wherein said antidepressant is selected from an antidepressant with final common pathway of antidepressant action associated with the NMDA receptor complex, inducing adaptive changes in the glycine regulatory sites of the NMDA receptor producing a 2-4 fold reduction in the glycine to inhibit 5,7-DCKA binding to the NMDA receptor-associated glycine sites, wherein said antidepressant is used in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of a typical antipsychotic drug, an atypical antipsychotic drug, and a dopamine system stabilizer, and wherein said major depressive disorder categorized as non-treatment resistant and non-psychotic.

132. (New): A method for treatment of a patient suffering from unipolar depression, the said method comprising administering to said patient at a time selected from the group consisting of, as an initial treatment, as soon as possible and upon presentation of said patient to a physician or other health care provider an effective amount of an antidepressant, wherein said antidepressant is an antidepressant excluding tricyclic antidepressants, tetracyclic antidepressants and permanent inhibitors of monoamine oxidase and wherein said antidepressant is selected from an antidepressant with final common pathway of antidepressant action associated with the NMDA receptor complex, inducing adaptive changes in the glycine regulatory sites of the NMDA receptor producing a 2-4 fold reduction in the glycine to inhibit 5,7-DCKA binding to the NMDA receptor-associated glycine sites and wherein said antidepressant is used in combination with an antipsychotic drug, wherein said antipsychotic drug is selected from the group consisting of a typical antipsychotic drug, an atypical antipsychotic drug, and a dopamine system stabilizer, and wherein said unipolar depression categorized as non-treatment resistant and non-psychotic.

133. (New): A method for treatment of a non-psychotic patient having cognitive distortions with functional impairment or health hazards, wherein said method comprising administering to said

patient an effective amount of an antidepressant, wherein said antidepressant is an antidepressant excluding tricyclic antidepressants, tetracyclic antidepressants and permanent inhibitors of monoamine oxidase, wherein said antidepressant is selected from an antidepressant with final common pathway of antidepressant action associated with the NMDA receptor complex, inducing adaptive changes in the glycine regulatory sites of the NMDA receptor producing a 2-4 fold reduction in the glycine GLY to inhibit 5,7-DCKA binding to the NMDA receptor-associated glycine sites, wherein said antidepressant is used in combination with an antipsychotic drug, and wherein said antipsychotic drug is selected from the group consisting of a typical antipsychotic drug, an atypical antipsychotic drug, and a dopamine system stabilizer.

134. (New): The method of Claims 131-133, wherein said atypical antipsychotic drug is selected from the group consisting of quetiapine, risperidone, ziprasidone, olanzapine, iloperidone, melperone, amperozide, and pharmaceutically acceptable salts thereof.

135. (New): The method of Claims 131-133, wherein said dopamine system stabilizer is aripiprazole, or pharmaceutically acceptable salts thereof.

136. (New): The method of Claims Claims 131-132, wherein said treatment is effected for at least one of the group consisting of inhibiting the development of tolerance toward said antidepressant, remedying the development of tolerance toward said antidepressant, avoiding a paradoxical effect of said antidepressant sensitizing said patients to said depression, avoiding worsening of said depression from said antidepressant, treating worsening of said depression from said antidepressant, and treating residual symptoms of said depression.

137. (New): The method of Claims 131-132, wherein said treatment is given for resisting suicide.

138. (New): The method of Claims 131-132, wherein said treatment is effected for treating substantially all of said patients treated by said physician or said other health care provider by said method, and wherein said treatment is given for resisting suicide.

139. (New): The method of Claims 131-132, wherein said treatment is given for resisting suicide, and wherein said treatment is given for the benefit of the group of said patients being treated by said physician or health care provider.

140. (New): The method of Claims 1-2, or 131-132, wherein a physician or other health care provider is involving said patient in the decision-making of said method by discussing with said patient the *risks/benefits*, side effects of the medications, as said physician or said other health care provider is supposed to discussing with said patient the *risks/benefits*, side effects of the medications, and *available alternatives* anyway, and since predicting which patients will commit suicide is an impossible task, wherein *the* said method is selected from the group comprising at least one of the following steps (a) wherein a said physician or said other health care provider is taking into account the risk/benefit for a group not just for an individual for said combination use of said antidepressants and said antipsychotics, (b) wherein a said physician or said other health care provider is drawing examples from consisting of how said healthcare providers were treating appendicitis, how said healthcare providers are following similar procedures when giving thiamin routinely for everybody in the emergency room before giving intravenous glucose therefore preventing Korsakoff's syndrome in alcoholics, and how said healthcare providers are routinely testing for drug screen in the emergency room even when the patient says that he or she is absolutely not taking any illicit drugs, in order to point out that said taking into account the risk/benefit for a group not just for an individual is customary in the medical practice, is a standard procedure and good clinical practice, thus needs to be applied for said method, (c) wherein a said physician or said other health care provider is pointing out that in starting said combination use of said antidepressants and said antipsychotics right away in all those who are clinically depressed, it is the decrease of suicide rate that is the paramount important factor, (d) and wherein in the medical profession it would not be fair to continue hiding under the excuses of the added risk of the potential side effects of the antipsychotic medications, specifically with the availability of some of the safer said atypical antipsychotics when in a separate diagnostic category from major depressive disorder, in borderline personality disorder said physicians were not afraid of using the combination of antidepressants with antipsychotic medications and when said major depressive disorder has *two to two and a half times more risk for committed suicide*.

141. (New): (New claim) The method of Claim 140, wherein a said physician or said other health care provider is discussing with said patient other added benefits from the said combination use of said antidepressants and said antipsychotics wherein said added benefits of said treatment is effected for at least one of the group consisting of inhibiting disease progression, modifying the course of said major depressive disorder, inhibiting the development of tolerance toward said antidepressant, remedying the development of tolerance toward said antidepressant, avoiding a paradoxical effect of said antidepressant sensitizing said patients to said major depressive disorder, avoiding worsening of said major depressive disorder from said antidepressant, treating worsening of said major depressive disorder from said antidepressant.

142. (New): The method of Claims 1-2, or 131-132, wherein the said method is useful for the purposes selected from the group consisting of (a) resisting nonadherence to the prescribed medication, (b) resisting said patients discontinuing, said prescribed medication.

143. (New): The method of Claim 140, wherein a said physician or said other health care provider is discussing with said patient other reasons and other rationales for using the combination of said antidepressant and said antipsychotic medications in said major depression, wherein said other reasons and other rationales is effected for at least one of the group consisting of discussion of (a) retrospective analysis of suicide committers with major depression showed that many of them have received inadequate treatment (b) it had been shown that among the depressed patients who committed suicide many of them actually had psychotic depression that went unrecognized so they were not receiving antipsychotic medications, (c) cognitive distortions like jumping into conclusions without the analysis of the facts that is prematurely getting into conclusions are characteristic for depression and that it seems that there is an overlap between the cognitive distortions, the mini psychosis of borderline personality disorder, and the full blown psychosis of psychotics, all of them being out of touch with reality but in different degrees and that atypical antipsychotics may be useful for targeting the cognitive distortions that overlap with psychosis (d) the role of cognitive distortions in hopelessness and suicide as a study confirmed the predictive value of hopelessness in suicide, and that hopelessness is the greatest predictor of suicide risk beyond the first year, however suicide occurs in only five per cent of terminally ill patients and their greatest risk factor is untreated depression, therefore it is not

hopelessness per se, but its perception, that is the cognitive distortion characteristic of depression, that seems to be the most important factor, and since for strong perceptual disturbances, said physicians had been using said antipsychotics the adjunctive use of said antipsychotics with said antidepressants in the treatment of said major depressive disorders is supported.